FORM **BCA 2.10 (PSCA)** (rev. July 2021) **ARTICLES OF INCORPORATION Professional Service Corporation**

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-9522
www.ilsos.gov

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to Secretary of State.

SE	E NOTE 1 ON REVERSE TO	DETERMINE FEES.						
Fili	ing Fee: \$150 Franchise Tax	\$ Total \$	File #		Approved:			
	Submit in duplica	ate ———— Type or print cle	early in black ink	Do not write abo	ove this line			
1.	Corporate Name:							
	Must end with one of t	he following words or abbreviations:	'Chartered," "Limited," "Ltd.," "Pro	fessional Corporation,"	"Prof. Corp." or "P.C."			
2.	Initial Registered Agent:	First Name	Middle Name		Last Name			
	Initial Registered Office:	Number	Street		Suite # (P.O. Box alone is unacceptable)			
	_		IL					
		City	ZIF	•	County			
3. Purpose(s) for which the Corporation is organized: Professional Corporation: To practice the profession of								
	Professional service will be							
	Number and Street		City	State	ZIP			
4.	Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:							
	Class	Number of Shares Authorized	Number of Sha Proposed to be I		Consideration to be Received Therefore			
				\$				
				TOTAL = \$				

Paragraph 2: The preferences, qualification, limitations, restrictions and special or relative rights in respect of the shares of each class are:

For more space, attach additional sheets of this size.

5.	a.	Number of directors constituting the initial board of di Names and addresses of persons who will serve as their successors are elected and qualify.	board of directors of the Corporation: Il serve as directors until the first annual meeting of sha						
		Name Addre	ess		City, State, ZIP				
6.		PTIONAL: Estimated value of all property to be owned by the Coing year wherever located:	for the follow-	\$					
		Estimated value of the property to be located within the following year:	_						
		Estimated gross amount of business that will be trans- during the following year: Estimated gross amount of business that will be tra	·	\$					
		business in the State of Illinois during the following ye	\$						
7.	OPTIONAL: OTHER PROVISIONS Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.).								
8.	NAME(S) and ADDRESS(ES) OF INCORPORATOR(S) The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoinant Articles of Incorporation are true and correct.								
	Da	ted,,	_						
		Signature and Name			Address				
	1.	Oirea de una	_ 1.		Street				
		Signature	_		Street				
	2.	Name (type or print)	2.	City/Town	State	ZIP			
	۷.	Signature			Street				
	3.	Name (type or print)	_ 3.	City/Town	State	ZIP			
		Signature			Street				
		Name (type or print)	_	City/Town	State	ZIP			
	be	gnatures must be in BLACK INK on original document used on conformed copies. NOTE: The incorporato e relevant profession or an Illinois attorney.	t. Carbon o r must be	copy, photocopy either one or I	or rubber stamp signatu more persons licensed	res may only pursuant to			
	_	1: Fee Schedule nitial franchise tax is assessed at the rate of 1	lote 2: Return to:						
		per \$1,000) on the paid-in capital represented in this	s State. (N	/lini-	Firm name				
PΙ	ease	nitial franchise tax is \$25.) e see filing periods set forth below regarding the frai on amount for each year. (Tax amount minus exempti	Attention						
		ative number, no franchise tax due.)	Mailing Address						
Fr	anc	hise Tax Liability Exemption Amounts	City, State, ZIP						
		FILING PERIOD EXEMPTION AMOUNT							
		After 1/1/21 Exemption \$1,000.00							

• The minimum total due (franchise tax + filing fee) is \$150.